

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Bernice Mathews State Senate #1
 Name (print) Office (if applicable) District (if applicable)
PO Box 7176 Reno NV 89510 775-673-6955
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED

- ☐ Annual Filing - Due January 15, 2008
 Period: January 1, 2007 - December 31, 2007
- ☐ Report #1 - Due August 5, 2008*
 Period: Jan. 1, 2008 - July 31, 2008
- ☐ Report #2 Due - October 28, 2008*
 Period: Aug. 1, 2008 - Oct. 23, 2008
- ☐ Report #3 Due - January 15, 2009**
 Period: Oct. 24, 2008 - Dec. 31, 2008
- ☒ Annual Filing - Due January 15, 2008
 Period: January 1, 2008 - December 31, 2008

2009 JAN 13 PM 1:14
 RECEIVED
 REGISTERED VOTERS
 FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2008 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

1500 ⁰⁰	1500 ⁰⁰
0	0
0	0
0	0

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

0	0
47 ⁰⁰	47 ⁰⁰

1500 ⁰⁰	1500 ⁰⁰
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EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidate's defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

15545 ⁴⁹	15545 ⁴⁹
455 ⁰⁰	455 ⁰⁰
16000 ⁴⁹	16000 ⁴⁹

0	0
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Bernice Mathews
 Signature

1/13/09

Date

Arrival

#1
District (if applicable)

PAGE 2 OF 10

#Aa

District (if applicable)

PAGE 3 OF 10

CAMPAIGN EXPENSES

Report Period

#

Annual

Bernice Matthews
Name (print)

State Senate
Office (if applicable)

#1
District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period

#

Annual

Name (print)

Bernice Mathews

Office (if applicable)

State Senate

District (if applicable)

#1

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Term Intz 4130 Bond C Ct Reno NV 89519	E	10/27/08	1500 ⁰⁰
Democratic Caucus 320 E. Liberty #100 Reno NV 89501	J	12/6/08	5000 ⁰⁰
Edawa - Governors Dinner 5190 N. Ave Rd Reno NV	H	10/16/08	65 ⁰⁰
In Achievement Dinner Box 20519 Reno NV 89515	H	10/16/08	85 ⁰⁰
Girl Scout Dinner 605 Washington Reno NV 89503	H	10/16/08	125 ⁰⁰
KNPB Dinner 1670 N Virginia Reno NV 89501	H	10/16/08	100 ⁰⁰
Washoe Co. School Dist Sta Pac Box 30-415 Reno NV 89520	H	10/11/08	2000 ⁰⁰
NV Mining Conf. B. Mathews Box 7176 Reno NV 89510	H	9/29/08	174 ⁹⁰
NCSL Conf. - B. Mathews Box 7176 Reno NV 89510	C H	9/29/08 9/29/08	1370 ⁷⁵ 455 ⁰⁰
Reno Blues Festival Box 40909 Reno NV 89509	H	9/13/08	420 ⁰⁰
City of Sparks Rt 1000 Sparks NV	H	9/3/08	90 ⁰⁰
Box A NCSL Conf PO Box 60069 Industry CA	H	8/26/08	424 ⁸¹

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CAMPAIGN EXPENSES

Report Period

Annual

Name (print) Bernice Mathews Office (if applicable) State Senate District (if applicable) #1

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Valerie Wiener Camp 3540 W Sahara #352 Las Vegas NV 89102	H	8/7/08	500 ⁰⁰
J. Breiden Senate Camp PO Box 50825 Henderson NV 89016	H	8/5/08	300 ⁰⁰
A. Copening Senate Camp 1821 Montvale Las Vegas NV 89134	H	8/5/08	300 ⁰⁰
NV Judicial Assoc. Dinner UNR - 900 N Virginia Reno NV	H	6/11/08	150 ⁰⁰
Rhythm and Rawhide 125 Riverside Dr Reno NV 89501	H	5/17/08	250 ⁰⁰
Hispanic Award Dinner 3905 Nae Rd Reno NV 89511	H	5/2/08	70 ⁰⁰
DRI Award Dinner 2215 Raggio Hwy Reno NV	H	4/15/08	45 ⁰⁰
Big Horn Sheep 5441 Kietzke Lane Reno 89523	H	4/4/08	125 ⁰⁰
Boy and Girls Club 2680 E Ninth Reno NV 89512	H	3/18/08	450 ⁰⁰
Team Falty 4230 Bond Ct Reno NV 89519	E	1/8/08	2000 ⁰⁰

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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A 1

District (if applicable)

**IN KIND
WRITTEN COMMITMENTS**

Report Period

#

Annual

Name (print) *Bernice Mathews*

Office (if applicable) *State Senate*

District (if applicable) *#1*

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
<i>None</i>		

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**IN KIND CAMPAIGN
EXPENSES**

Report Period

Annual

Bernice Mathews
Name (print)

State Senate
Office (if applicable)

1
District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
<u>None</u>			

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362